

OASIS HOSPITAL GOVERNANCE POLICY AND PROCEDURE

FROM: OASIS Hospital Board of Directors

SUBJECT: Financial Assistance Policy - Arizona

EFFECTIVE DATE:

REVISED: 7/16

REVIEWED WITH NO CHANGES: 7/16

ORIGINAL EFFECTIVE DATE:

REPLACES:

I. POLICY

OASIS Hospital seeks to deliver compassionate, high quality, affordable health care and to advocate for those who are poor and disenfranchised. In furtherance of this mission, OASIS Hospital offers charity care and discounts to eligible patients who may not have the financial capacity to pay for health care services and who otherwise may not be able to receive these services.

The eligibility requirements for charity care and other income-based discounts are described in this Financial Assistance Policy. Financial assistance is not a substitute for personal responsibility. Applicants for financial assistance are expected to cooperate with OASIS Hospital's policies and procedures for obtaining financial assistance, and OASIS Hospital's billing and collection efforts with regard to any amounts owed after applicable discounts. (See Patient Billing and Collections Policy) Applicants who have the financial capacity to purchase health insurance will be provided with information regarding insurance options and encouraged to apply. In addition, applicants who may be eligible for government-sponsored health care programs such as Medicaid or the Children's Health Insurance Program (CHIP) will be required to apply for such programs as a means of paying their hospital bills. Submitting an application for government-sponsored health care programs will not preclude a patient's eligibility for financial assistance under this Financial Assistance Policy.

OASIS Hospital will seek to determine eligibility for financial assistance prior to hospital services being rendered, and will do so after services are rendered when it is not possible to make the determination at an earlier stage. For example, for all persons presenting to the hospital for emergency services, eligibility for financial assistance will be considered after OASIS Hospital provides the patient with a medical screening examination and any necessary stabilizing

treatment as required by applicable law and OASIS Hospital's Emergency Medical Care/ Emergency Medical Treatment and Labor Act (EMTALA) Policy.

The process for determining eligibility for financial assistance shall reflect OASIS Hospital's values of human dignity and stewardship. Likewise, OASIS Hospital expects that each applicant for financial assistance will make reasonable efforts to provide OASIS Hospital with the documentation that is necessary for OASIS Hospital to make a determination regarding the request for financial assistance and will pursue all other resources to pay for services obtained from OASIS Hospital. If an applicant fails to provide information and documentation that is reasonably necessary for OASIS Hospital to make a determination regarding eligibility, OASIS Hospital will consider that failure in making its determination.

In addition to charity care and income-based Financial Assistance, OASIS Hospital offers discounts that are not based on income to eligible patients. Patients may contact a financial counselor for more information. However, a patient who receives a Financial Assistance discount will not be eligible for other OASIS Hospital discounts unless the application of multiple discounts is expressly permitted by other OASIS Hospital policies.

II. PURPOSE

In order to manage its resources responsibly and to comply with applicable federal and state laws, OASIS Hospital has established this Financial Assistance Policy for the provision of financial assistance, including charity care and discounts for eligible patients.

III. DEFINITIONS

Amount Generally Billed

The maximum charge that may be billed to a patient who is eligible for Financial Assistance under this Financial Assistance Policy is known as the Amount Generally Billed (AGB). No patient eligible for Financial Assistance will be charged more than the AGB for the Eligible Service(s) (as defined below) provided to the patient. OASIS Hospital calculates the AGB using the "lookback" method by multiplying the "Gross Charges" (as defined below) for any Eligible Services that it provides by AGB percentages which are based upon past claims allowed under Medicare and private insurance as set forth in federal law. OASIS Hospital's patients may obtain additional information regarding OASIS Hospital's AGB percentage and how the AGB percentages were calculated from a financial counselor and at: [WEBLINK].

Applicant

The Applicant is the individual patient or the patient's guarantor, as applicable, who applies for Financial Assistance. A household member, close friend or associate of the patient may request that the patient be considered for Financial Assistance. A referral may also be initiated by any member of the medical or facility staff, including physicians, nurses, financial counselors, social workers, case managers, chaplains, religious sponsors, vendors, or others who may be aware of the potential need for Financial Assistance.

Charity Care

Charity Care is full Financial Assistance to qualifying patients that relieves the patient and his or her guarantor of their entire financial obligation to pay for Eligible Services. Charity Care does not reduce the amount, if any, that a third party may be required to pay for Eligible Services provided to the patient.

Discounted Care

Discounted Care is partial Financial Assistance to qualifying patients to relieve the patient and his or her guarantor of a portion of their financial obligation to pay for Eligible Services (as defined below). Discounted care does not reduce the amount, if any, that a third party may be required to pay for Eligible Services provided to the patient.

Eligible Services

Eligible Services include all Emergency Medical Care or non-emergency, Medically Necessary Care delivered by OASIS Hospital within Dignity Health-operated hospital facilities including all facilities listed on the license for each hospital. Eligible services excludes physician services, treatments, or procedures unless the Financial Assistance Policy's provider list includes the relevant physician or physician group and, if applicable, a description of the services, treatments, or procedures provided by such physician or physician group.

Emergency Medical Care

Emergency Medical Care means care provided by a hospital facility for:

- (a) A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:
 - (i) Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;
 - (ii) Serious impairment to bodily functions, or
 - (iii) Serious dysfunction of any bodily organ or part;or
- (b) A pregnant woman who is having contractions, when
 - (i) There is inadequate time to effect a safe transfer to another hospital before delivery, or
 - (ii) That transfer may pose a threat to the health or safety of the woman or the unborn child.

Emergency Physician

An Emergency Physician is a licensed physician or surgeon credentialed by OASIS Hospital and either employed or contracted (including through a contracted medical group) by the hospital to provide emergency medical care in the emergency department of the hospital. The term "Emergency Physician" does not include a physician specialist who is called into the emergency department or who is on staff or has privileges at the hospital outside of the emergency department.

Extraordinary Collection Actions (ECAs)

ECAs include the following:

- (a) Selling an individual's debt to another party except as expressly provided by federal law.
- (b) Reporting adverse information about the individual to consumer credit bureaus.
- (c) Deferring or denying, or requiring a payment before providing, Medically Necessary Care because of an individual's nonpayment of one or more bills for previously provided care covered under the hospital facility's Financial Assistance Policy.
- (d) Certain actions that require a legal or judicial process as specified by federal law including some liens, foreclosures on real estate, attachments / seizures, commencing a civil action, causing an individual to be subject to a writ of attachment, and garnishing an individual's wages.

ECAs do not include any lien that a hospital is entitled to assert under state law on the proceeds of a judgment, settlement or compromise owed to an individual (or his or her representative) as a result of personal injuries for which a hospital provided care.

Federal Poverty Level (FPL)

The FPL is defined by the poverty guidelines updated periodically in the Federal Register by the United States Department of Health and Human Services under authority of subsection (2) of Section 9902 of Title 42 of the United States Code. Current FPL guidelines can be referenced at <http://aspe.hhs.gov/poverty-guidelines>.

Financial Assistance

Charity care and discounts for Financially Qualified Patients (as defined below) are referred to in this policy as Financial Assistance..

Financially Qualified Patient

A Financially Qualified Patient is an Uninsured Patient or a Patient with High Medical Costs and who has family income that does not exceed the limits described below.

Gross Charges

Gross Charges (also referred to as "full charges") means the amount listed on OASIS Hospital's chagemaster for each Eligible Service.

Income

Modified Adjusted Gross Income (MAGI), as defined by the IRS.

Medically Necessary Care

Hospital services and supplies and other health care services needed to diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted practice standards.

Medically necessary care does not include care relating to cosmetic procedures that are intended only to improve the aesthetic appeal of a normally functioning body part.

Patient's Family

A Patient's Family includes the patient and:

- (a) For persons 18 years of age and older, a spouse, domestic partner, and dependent children under 21 years of age, whether living at home or not.
- (b) For persons under 18 years of age, a parent, caretaker relatives, and other children under 21 years of age of the parent or caretaker relative.

Patient Family Income

The annual Income earned by the Patient's Family in the 12 months prior to the date on which the OASIS Hospital service was provided.

Patient with High Medical Costs

A patient whose family income does not exceed 500% of the FPL and who has health coverage, and who also meets one of the following two criteria:

- (a) Annual out-of-pocket costs incurred by the individual at the hospital exceed 10% of the Patient's Family (defined below) Income in the prior 12 months; or
- (b) Annual out-of-pocket medical expenses exceed 10% of the Patient's Family Income, if the patient provides documentation of the patient's medical expenses paid by the patient or the Patient's Family in the prior 12 months.

Presumptive Eligibility Determination

Presumptive Eligibility Determination is the process of determining a patient's eligibility for Financial Assistance based upon information other than that provided by the patient or based upon a prior Financial Assistance eligibility determination. (Note that references to "Presumptive Eligibility" in this Financial Assistance Policy refer to Presumptive Eligibility for Financial Assistance and do not refer to Medicaid Hospital Presumptive Eligibility unless otherwise specified.) OASIS Hospital may in its sole discretion make a Presumptive Eligibility Determination to provide Charity Care or Discounted Care to a patient. In making a Presumptive Eligibility Determination, OASIS Hospital may rely on information included in publicly available databases and information provided by third-party vendors who utilize publicly available databases to estimate whether a patient is entitled to Financial Assistance.

Uninsured Patient

An Uninsured Patient is a patient who does not have health coverage from a health insurer, health care service plan or government-sponsored health care program (*e.g.*, Medicare or Medicaid), and whose injury is not a compensable injury for purposes of workers' compensation, automobile insurance, or other insurance as determined and documented by the hospital.

IV. PRINCIPALLY AFFECTED DEPARTMENTS

All OASIS Hospital entities that provide Eligible Services.

V. FINANCIAL ASSISTANCE PROGRAM

Within 240 days of the date of the initial post-discharge bill for an Eligible Service, a patient may apply for one of the discounts listed in subsections A-B below.

A. Charity Care (Up to 200% of the FPL)

Financially Qualified Patients whose Patient Family Income is at or below 200% of the FPL are eligible to receive a 100% discount off of their account balance for Eligible Services received by the patient after payment by any third party(ies). In determining eligibility for Charity Care, OASIS Hospital will consider the Patient's Family Income and may consider monetary assets of the Patient's Family. However, for purposes of this determination, monetary assets will not include retirement or deferred compensation plans qualified under the Internal Revenue Code or nonqualified deferred compensation plans.

B. Discounted Care (Greater than 200% and Less than or Equal to 500% of the FPL)

Financially Qualified Patients whose Patient Family Incomes are above 200% but at or below 500% of FPL are eligible to receive a discount for Eligible Services received by the patient. The discount will limit the expected payment for Eligible Services to no more than the applicable AGB. In determining eligibility for this discount, OASIS Hospital will consider the Patient's Family Income and may consider the monetary assets of the Patient's Family.

Upon request, patients with Patient Family Incomes above 200% but at or below 500% of FPL who receive a discount under this Financial Assistance Policy will also be provided an extended payment plan which allows for the payment of the discounted amount over not more than a 30-month period.

D. Restriction on Application of Gross Charges

For any care covered under this Financial Assistance Policy (whether Emergency Medical Care or non-emergent, Medically Necessary Care), the amount OASIS Hospital charges a patient determined by the hospital to be eligible for Financial Assistance under this Financial Assistance Policy shall be less than the gross charges for such care. A billing statement issued by a OASIS Hospital facility for care covered under the Financial Assistance Policy may state the gross charges for such care and apply contractual allowances, discounts, or deductions to the gross charges, provided that the actual amount the individual is personally responsible for paying is less than the gross charges for such care.

VI. GUIDELINES

A. Notice to Patients Regarding Financial Assistance

1. Paper Copy of Plain Language Summary. OASIS Hospital will notify and inform patients about the Financial Assistance Policy by offering a paper copy of the plain language summary of the Financial Assistance Policy to patients as part of the intake or discharge process.

2. Notice of Financial Assistance Policy During Billing Process. As part of the post-discharge billing statements, OASIS Hospital shall provide each patient with a conspicuous written notice that shall contain information about the availability of OASIS Hospital's Financial Assistance Policy. (For additional details regarding notices provided in connection with billing statements, please refer to OASIS Hospital's Billing & Collections Policy, #9.101.)

3. Posted Notice of Financial Assistance Policy. Notice of OASIS Hospital's Financial Assistance program also shall be clearly and conspicuously posted in locations visible to the public, including all of the following:

- (a) Emergency department;
- (b) Billing office;
- (c) Admissions office;
- (d) Other outpatient settings; and
- (e) In other areas and settings reasonably calculated to reach those members who are most likely to require financial assistance from the hospital facility

4. Brochures. OASIS Hospital also shall provide brochures explaining its Financial Assistance program in registration, admitting, emergency and urgent care areas and in patient financial services offices located at OASIS Hospital.

5. Posting on Website and Providing Copies upon Request. OASIS Hospital will make this Financial Assistance Policy, the Financial Assistance Application form, and plain language summary of the Financial Assistance Policy available on a website and will make paper copies of each available upon request and without charge, both by mail and in public locations in the hospital facility, including, at a minimum, in the emergency department (if any) and admissions areas.

6. Language Requirements. OASIS Hospital shall ensure that all written notices, posted signs and brochures are printed in appropriate languages and provided to patients as may be required under applicable state and federal law.

7. List of Financial Assistance Policy Providers. OASIS Hospital will publish a list of providers delivering Emergency Medical Care and Medically Necessary Care in its hospital facilities that will specify which providers are covered by this Financial Assistance Policy and which are not covered. This list is available at [WEBLINK] and hardcopies may be obtained at registration sites in each OASIS Hospital facility.

B. Insurance and Government Program Eligibility Screening Process.

OASIS Hospital shall make all reasonable efforts to obtain from the patient or his or her representative information about whether private insurance or government-sponsored health care program coverage may fully or partially cover the charges for care rendered by the hospital to a patient, including, but not limited to, any of the following:

1. Private health insurance, including insurance or health care service plan coverage offered through a State or Federal Health Benefit Exchange;
2. Medicare; and
3. Medicaid, CHIP, or other state-funded programs designed to provide health coverage.

OASIS Hospital expects all Uninsured Patients or Patients with High Medical Costs to fully comply with its eligibility screening process.

C. Financial Assistance Application Process

1. If a patient does not indicate coverage by private insurance or a government-sponsored health care program, a patient requests Financial Assistance or a OASIS Hospital representative determines that the patient may qualify for Financial Assistance, then OASIS Hospital shall also do the following:

- (a) Make all reasonable efforts to explain the benefits of Medicaid, and other public and private health insurance or sponsorship programs, including coverage offered through the State or Federal Health Benefit Exchange, to all uninsured patients at the time of registration. OASIS Hospital will ask potentially eligible patients to apply for such programs, and will provide the applications and assist with their completion. The applications and assistance will be provided prior to discharge for inpatients and within a reasonable amount of time to patients receiving emergency or outpatient care.
- (b) Make reasonable efforts to explain OASIS Hospital's Financial Assistance Policy and other discounts, including the eligibility requirements, to patients who may qualify for Financial Assistance, ask those potentially eligible to apply, provide a Financial Assistance Application to any interested person who may meet the criteria for Financial Assistance at the point of service or during the billing and collection process, and provide assistance with completion of the application.

2. If a patient is eligible to apply for coverage under a government-sponsored health care program for the Eligible Services received by the patient, the patient will not be granted Financial Assistance unless the patient applies for and is denied coverage under a government-sponsored health care program. The patient's application for coverage under such a

government-sponsored health care program will not preclude eligibility for Financial Assistance from OASIS Hospital.

3. Upon receiving a complete Financial Assistance Application from a patient who OASIS Hospital believes may be eligible for government-sponsored health care programs (e.g., Medicaid, CHIP), OASIS Hospital may postpone determining whether the patient is eligible for Financial Assistance until the patient's government-sponsored health care program application has been completed and submitted, and a determination as to the patient's eligibility for such program has been made.

4. If a patient has not completed and submitted a Financial Assistance Application within 120 days after the first post-discharge billing notice, then OASIS Hospital may engage in further collection activities, including ECAs, subject to compliance with the provisions of OASIS Hospital's Billing & Collection Policy.

5. OASIS Hospital will ask each Applicant to provide the documentation necessary and reasonable to determine each Applicant's eligibility for Financial Assistance. In the event the Applicant is unable to provide any or all of these documents, OASIS Hospital will consider this failure in making an eligibility determination. Under appropriate circumstances, OASIS Hospital may also waive some or all of the documentation requirements. The rationale for this waiver must be documented in writing.

6. For purposes of determining whether a patient is eligible to receive Financial Assistance, documentation requested from the patient may include income tax returns or, if income tax returns are not available, recent pay stubs and reasonable documentation of assets, but not including assets in retirement or deferred compensation plans qualified under the Internal Revenue Code or in nonqualified deferred compensation plans. OASIS Hospital may require waivers or releases from the Applicant and the Patient's Family authorizing OASIS Hospital to obtain account information from financial or commercial institutions or other entities that hold or maintain the monetary assets to verify their value.

7. Eligibility for discounted payments or charity care for Financially Qualified Patients may be determined at any time OASIS Hospital is in receipt of the information described in this policy. However, OASIS Hospital has the discretion to deny an application for Financial Assistance for Financially Qualified Patients if more than 240 days has passed since the first post-discharge billing notice.

9. Information obtained from the patient, the Patient's Family, or the patient's legal representative in connection with determining whether a patient meets the requirements to be a Financially Qualified Patient as described in this policy shall not be used for collection activities.

10. The FPL guidelines published in the Federal Register at the time a Financial Assistance application is submitted to OASIS Hospital will be utilized when measuring Patient Family Income against the FPL. The existing guidelines can be found at <http://aspe.hhs.gov/poverty-guidelines>.

11. If a patient applies for, and is eligible to receive more than one discount, the patient will be entitled to receive the largest single discount for which the patient qualifies unless the combination of multiple discounts is expressly permitted by other OASIS Hospital policies.

D. Presumptive Eligibility Determinations

1. OASIS Hospital understands that some patients may not complete a Financial Assistance application, comply with requests for documentation, or otherwise respond to the application process. As a result, there may be circumstances in which a patient's qualification for Financial Assistance is determined without completing the formal Financial Assistance application. Under these circumstances, OASIS Hospital may make a Presumptive Eligibility Determination. OASIS Hospital reserves the right to make Presumptive Eligibility Determinations, but is not obligated to do so.

2. In the event OASIS Hospital makes a Presumptive Eligibility Determination, OASIS Hospital will send a written notification of such determination to the patient.

3. If a patient is presumptively determined to be eligible for Discounted Care (as opposed to Charity Care), OASIS Hospital will do the following:

- (a) Adjust the account to clarify the amount due from the patient.
- (b) Give written notification to the patient regarding the basis for the Presumptive Eligibility Determination and the way to apply for more generous assistance under the Financial Assistance Policy.
- (c) Give the patient a reasonable period of time to apply for more generous assistance before the hospital initiates ECAs to obtain the discounted amount owed for the care.
- (d) Determine whether the patient is eligible for more generous Financial Assistance upon receipt of a Financial Assistance Policy application requesting more generous Financial Assistance.

E. Patient Financial Assistance Application Review Process

1. If a patient submits a complete Financial Assistance application (either initially, or by amending an incomplete application within a reasonable period of time as described below), OASIS Hospital will suspend any ECAs (with the exception of ECAs relating to deferral or denial of service due to nonpayment for past service) until OASIS Hospital has determined whether the patient is eligible for Financial Assistance for the care and provides written notice of this eligibility determination (including, if applicable, the assistance for which the patient is eligible) and the basis for this determination.

2. If OASIS Hospital determines the patient is eligible for Financial Assistance under the Financial Assistance Policy it will:

- (a) Provide the patient with a billing statement indicating the amount owed as an Financial Assistance-eligible patient, how that amount was determined, and how the patient can obtain information regarding the AGB for the care;
- (b) Refund any amount the patient has paid for the care that exceeds the amount he/she is personally responsible for paying as a Financial Assistance-eligible patient (unless such amount is less than \$5 or other amount set by guidance published in the Internal Revenue Bulletin); and
- (c) Take all reasonably available measures to reverse any ECA (with the exception of ECAs relating to deferral or denial of service due to nonpayment for past service) taken against the patient for the care at issue.

3. Information supplied on the completed Financial Assistance application along with any other information which OASIS Hospital has obtained during the application process will be used by authorized representatives of OASIS Hospital to evaluate whether a patient is eligible for Financial Assistance under OASIS Hospital's Policy.

4. A decision shall be made regarding eligibility for Financial Assistance based upon the information reasonably available to OASIS Hospital, including the Financial Assistance Application and supporting documentation as well as the eligibility criteria described in this Financial Assistance Policy. This decision may result in a Charity Care or a discount off of the hospital's Gross Charges.

5. The Applicant will be notified in writing of OASIS Hospital's approval or denial of the Financial Assistance request, as appropriate.

6. If an Applicant believes a denial of Financial Assistance was made in error, the Applicant may ask OASIS Hospital to reconsider its decision and may provide additional information to OASIS Hospital to support such reconsideration.

7. In the event of a dispute, the Applicant also may seek review of OASIS Hospital's decision from the Customer Service Manager servicing the hospital facility that made the initial determination.

8. If a patient submits an incomplete Financial Assistance application during the application period, OASIS Hospital will take the following actions:

- (a) Provide the patient with written notice describing the information needed to complete the Financial Assistance application, including contact information for the hospital or billing office that can provide information about the Financial Assistance Policy and contact information for the hospital office, a nonprofit organization or government agency that can assist with Financial Assistance applications, and

- (b) Suspend any ECAs until the patient has failed to respond to requests for additional information / documentation within a reasonable period of time.

VII. REFERENCES

- A. OASIS Hospital Governance Policy, *Patient Billing and Collections Policy*
- B. OASIS Hospital Governance Policy, *Emergency Medical Care / Emergency Medical Treatment and Labor Act (EMTALA) Policy*

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